



Complete Summary

GUIDELINE TITLE

Prevention of constipation in the older adult population.

BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Prevention of constipation in the older adult population. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Jan. 38 p. [44 references]

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SCOPE

DISEASE/CONDITION(S)

Constipation

GUIDELINE CATEGORY

Evaluation
Prevention

CLINICAL SPECIALTY

Family Practice
Geriatrics
Nursing
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Nurses

GUIDELINE OBJECTIVE(S)

- Overall, to present evidence-based nursing best practice guidelines for the prevention of constipation in older adults
- To reduce the frequency and severity of constipation among older adults
- To help older adults achieve and maintain a pattern of normal bowel elimination to prevent constipation, decrease the use of laxatives, and improve the quality of life

TARGET POPULATION

Older adults in Canada from all areas of clinical practice, including acute care, community care and long-term care

These guidelines are not intended for clients with medical conditions for whom a restricted fluid intake is prescribed, nor for clients receiving narcotic analgesics or palliative care.

INTERVENTIONS AND PRACTICES CONSIDERED

Evaluation

1. Assessment of constipation (client history [diet, relevant medical/surgical history, medications], physical examination of abdomen and rectum, and bowel record/diary)
2. Identification of client's functional abilities related to mobility, eating and drinking, and cognitive status related to abilities to communicate needs, and follow simple instructions

Prevention

1. Dietary considerations (fluid intake and fiber)
2. Consultation with dietician as needed
3. Toileting consistency and squat positioning
4. Physical activity
5. Evaluation of client response to interventions and the need for on-going interventions using bowel record
6. Education on bowel health and ways to reduce constipation
7. Educational and contextual approaches and strategies

MAJOR OUTCOMES CONSIDERED

Frequency and severity of constipation among older adults

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases
Searches of Unpublished Data

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

A panel of nurses with expertise in the practice and research of constipation and urinary incontinence searched for published best practice guidelines on reducing constipation.

An initial screening was conducted with the following criteria:

- Guideline was in English.
- Guideline was dated no earlier than 1995.
- Guideline was strictly about the topic area.
- Guideline was evidence based, e.g. contained references, description of evidence, sources of evidence.
- Complete guideline was available and accessible for retrieval.

After assessing guideline quality (see "Methods Used to Assess Quality and Strength of the Evidence" and "Rating Scheme for the Strength of the Evidence" fields), the panel subsequently identified the following three guidelines:

- The University of Iowa Gerontological Nursing Interventions Research Centre: Management of Constipation Research-Based Protocol (Hert & Husboe, 1996).
- The University of Iowa Gerontological Nursing Interventions Research Centre: Hydration Management Research-Based Protocol (Mentes, 1998).
- Clinical Practice Guidelines: Bowel Hygiene, (Sisters of Charity of Ottawa Hospital, 1996).

A search of the literature for systematic reviews, clinical practice guidelines, relevant articles and websites was conducted. A further search for unpublished work, or "in progress" guidelines, was undertaken by the panel members.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Guideline Appraisal

The guidelines were evaluated using the "Appraisal Instrument for Canadian Clinical Practice Guidelines", an adapted tool referenced in the original guideline document.

Levels of Evidence

Strength of Evidence A: Requires at least one randomized controlled trial as part of the body of literature of overall quality and consistency addressing the specific recommendations.

Strength of Evidence B: Requires availability of well conducted clinical studies but no randomized clinical trials on the topic of recommendations.

Strength of Evidence C: Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality.

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not applicable

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

A panel of nurses with expertise in the practice and research of constipation and urinary incontinence was established by Registered Nurses Association of Ontario (RNAO). The panel searched for published best practice guidelines on reducing constipation. It is recognized that recommendations related to preventing constipation lack a strong research base. Through a process of consensus and expert opinion, the guideline was developed.

In order to fully inform the reader, every effort has been made to maintain the original level of evidence cited in the source document. No alterations have been made to the wording of the source documents involving recommendations based on randomized controlled trials or research studies. Where a source document has demonstrated an "expert opinion" level of evidence, wording may have been altered and the notation or RNAO Consensus Panel 2001 has been added.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Various stakeholder groups, including consumers, staff nurses, physicians, dietitians, and health care administrators reviewed the draft guideline, and a list of those stakeholders is included in the front of the guideline. This guideline was further refined after a six month pilot implementation phase in selected practice settings, identified through a "request for proposal" process.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definitions for the strength of evidence (Levels A-C) are repeated at the end of the Major Recommendations.

Substantive Recommendations

Recommendation 1

The assessment of constipation includes a client history, a physical examination and a bowel record.

(Strength of Evidence = C – RNAO Consensus Panel, 2001)

Recommendation 2

Obtain information regarding:

- Usual amount and type of daily fluid intake with particular attention to the amount of caffeine and alcohol.
- Usual dietary fiber and amount of food ingested.
- Any relevant medical or surgical history which may be related to constipation such as neurologic disorders, diabetes, hypothyroidism, chronic renal failure, hemorrhoids, fissures, diverticular disease, irritable bowel syndrome, previous bowel surgery, depression, dementia, acute confusion.

(Strength of Evidence = C – RNAO Consensus Panel, 2001)

Recommendation 3

Review the client's medications to identify those associated with an increased risk for developing constipation.

(Strength of Evidence = B)

Recommendation 4

Identify the client's functional abilities related to mobility, eating and drinking, and cognitive status related to abilities to communicate needs, and follow simple instructions.

(Strength of Evidence = C – RNAO Consensus Panel, 2001)

Recommendation 5

Conduct a physical assessment of the abdomen and rectum. Assess for abdominal muscle strength, bowel sounds, abdominal mass, constipation/fecal impaction, hemorrhoids and intact anal reflex.

(Strength of Evidence = C – RNAO Consensus Panel, 2001)

Recommendation 6

Prior to initiating the constipation protocol, identify bowel pattern (frequency and character of stool, usual time of bowel movement), episodes of constipation and/or fecal incontinence/soiling, usual fluid and food intake (type of fluids and amounts) and toileting method through use of a 7-day bowel record/diary.

(Strength of Evidence = C – RNAO Consensus Panel, 2001)

Recommendation 7

Fluid intake should be between 1500 -2000 milliliters (ml) per day. Encourage client to take sips of fluid throughout the day and whenever possible eliminate caffeinated and alcoholic beverages.

(Strength of Evidence = B)

Recommendation 8

Dietary fiber intake should be from 25 to 30 grams of dietary fiber per day. Dietary intake of fiber should be gradually increased once the client has a consistent fluid intake of 1500 ml per 24 hours. Consultation with a dietitian is highly recommended.

(Strength of Evidence = B)

Recommendation 9

Promote regular consistent toileting each day based on the client's triggering meal.

(Strength of Evidence = A)

A squat position should be used to facilitate the defecation process.

(Strength of Evidence = B)

Recommendation 10

Physical activity should be tailored to the individual's physical abilities and health condition. Walking 15-20 minutes once or twice a day is recommended for those who are fully mobile. Ambulating at least 50 feet twice a day is recommended for individuals with limited mobility.

(Strength of Evidence = B)

Recommendation 11

Evaluate client response and the need for on-going interventions, through the use of a bowel record that shows frequency, character and amount of bowel movement, episodes of constipation/fecal soiling and use of laxative interventions (oral and rectal).

(Strength of Evidence = C – RNAO Consensus Panel, 2001)

Educational Recommendations

Recommendation 12

Educational programs for promoting bowel health should be structured, organized, comprehensive and directed at all levels of health care providers, patients and family or caregivers.

(Strength of Evidence = C – RNAO Consensus Panel, 2001)

Recommendation 13

Implement an educational program on reducing constipation.

(Strength of Evidence = C – RNAO Consensus Panel, 2001)

Recommendation 14

The educational program should identify a nurse with an interest in and/or has advanced preparation in continence care (e.g. nurse continence advisor, clinical nurse specialists or nurse clinician) as responsible for providing the educational program. The program should be updated on a regular basis to incorporate any new information.

(Strength of Evidence = C – RNAO Consensus Panel, 2001)

Recommendation 15

Educational programs should be developed, implemented and evaluated using principles of adult learning. Programs must have built-in mechanisms such as quality assurance and audits to evaluate the effectiveness of reducing constipation.

(Strength of Evidence = C – RNAO Consensus Panel, 2001)

Contextual Recommendations

Recommendation 16

Guidelines are more likely to be effective if they take into account local circumstances and are disseminated through an active educational and training program.

(Strength of Evidence = C – RNAO Consensus Panel, 2001)

Recommendation 17

Successful implementation of reducing constipation requires:

- Management support
- Education and training
- Support and active involvement of key clinical staff
- Collection of baseline information about patients, resources and existing knowledge
- Interpretation of this data and identification of problems
- Development of implementation strategy
- Monitoring of the program

(Strength of Evidence = C – RNAO Consensus Panel, 2001)

Recommendation 18

Successful implementation of this guideline is best done gradually. Identify a client, or clients, with relatively good comprehension, who are able to cooperate and are interested in addressing the issue of constipation.

(Strength of Evidence = C – RNAO Consensus Panel, 2001)

Recommendation 19

Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as the appropriate facilitation. In this regard, RNAO (through a panel of nurses, researchers and administrators) has developed The Toolkit for Implementing Clinical Practice Guidelines, based on available evidence, theoretical perspectives and consensus. The Toolkit is recommended for guiding the implementation of the RNAO Nursing Best Practice Guideline on "Prevention of Constipation in the Older Adult Population".

(Strength of Evidence = C – RNAO Consensus Panel, 2001)

Definitions:

Levels of Evidence

Strength of Evidence A: Requires at least one randomized controlled trial as part of the body of literature of overall quality and consistency addressing the specific recommendations.

Strength of Evidence B: Requires availability of well conducted clinical studies but no randomized clinical trials on the topic of recommendations.

Strength of Evidence C: Requires evidence from expert committee reports or opinions and/or clinical experience of respected authorities. Indicates absence of directly applicable studies of good quality.

Note: Where a source document has demonstrated an "expert opinion" level of evidence, wording may have been altered and the notation of the Registered Nurses Association of Ontario (RNAO) Consensus Panel 2001 has been added. These recommendations are clearly marked as "RNAO Consensus Panel 2001."

CLINICAL ALGORITHM(S)

An algorithm is provided in Appendix A of the original guideline document for the prevention of constipation.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Guideline implementation will provide the following general benefits:

- Reduced frequency and severity of constipation among older adults
- Normal bowel elimination to prevent constipation, decrease the use of laxatives, and improve the quality of life among older adults
- Timely and appropriate nursing care for older adults with episodes of acute constipation

Nurses, other health care professionals and administrators who are leading and facilitating practice changes will find this document valuable for the development of policies, procedures, protocols, educational programs, assessment and documentation tools, etc.

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

These best practice guidelines are related only to nursing practice and not intended to take into account fiscal efficiencies. These guidelines are not binding for nurses and their use should be flexible to accommodate client/family wishes and local circumstances. They neither constitute a liability or discharge from liability. While every effort has been made to ensure the accuracy of the contents at the time of publication, neither the authors nor Registered Nurses Association of Ontario (RNAO) give any guarantee as to the accuracy of the information contained in them nor accept any liability, with respect to loss, damage, injury or expense arising from any such errors or omission in the contents of this work. Any reference throughout the document to specific pharmaceutical products as examples does not imply endorsement of any of these products.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

Toolkit: Implementing Clinical Practice Guidelines

Nursing best practice guidelines can be successfully implemented only where there are adequate planning, resources, organizational and administrative support, as well as the appropriate facilitation. In this regard, Registered Nurses Association of Ontario (RNAO) (through a panel of nurses, researchers and administrators) has developed The Toolkit for Implementing Clinical Practice Guidelines, based on available evidence, theoretical perspectives and consensus. The Toolkit is recommended for guiding the implementation of the RNAO Nursing Best Practice Guideline on "Prevention of Constipation in the Older Adult Population".

The "Toolkit" provides step by step directions to individuals and groups involved in planning, coordinating, and facilitating the guideline implementation. Specifically, the "Toolkit" addresses the following key steps:

1. Identifying a well-developed, evidence-based clinical practice guideline
2. Identification, assessment and engagement of stakeholders
3. Assessment of environmental readiness for guideline implementation
4. Identifying and planning evidence-based implementation strategies
5. Planning and implementing evaluation
6. Identifying and securing required resources for implementation

Implementing guidelines in practice that result in successful practice changes and positive clinical impact is a complex undertaking. The "Toolkit" is one key resource for managing this process.

For specific recommendations regarding implementation of this guideline, refer to the "Major Recommendations" field.

Evaluation and Monitoring of Guideline

This guideline can be evaluated through documentation of:

- Total number and percentage of nurses educated about the guideline
- A standard admission assessment of constipation
- Fluid and fiber intake
- Number of clients refusing assessment of constipation
- Number of clients actually started on the program
- Number of clients taken off program, and why

Quick Reference Guide

Prevention of Constipation Algorithm (see Appendix A of original guideline document)

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Registered Nurses Association of Ontario (RNAO). Prevention of constipation in the older adult population. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Jan. 38 p. [44 references]

ADAPTATION

This guideline is a synthesis of source guidelines:

- The University of Iowa Gerontological Nursing Interventions Research Centre, Research Dissemination Core. Management of Constipation Research-Based Protocol. Hert & Husboe, 1996.
- The University of Iowa Gerontological Nursing Interventions Research Centre, Research Dissemination Core. Hydration Management Research-Based Protocol. (Mentes, 1998).
- Sisters of Charity of Ottawa Health Services – Nursing Services. Clinical Practice Guidelines: Bowel Hygiene. (Sisters of Charity of Ottawa Hospital, 1996).

DATE RELEASED

2002 Jan

GUIDELINE DEVELOPER(S)

Registered Nurses Association of Ontario - Professional Association

SOURCE(S) OF FUNDING

Funding was provided by the Ontario Ministry of Health and Long Term Care.

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Development Panel Members

Jean Benton, RN (EC), BScN, CGN (C), NCA
Team Leader
Primary Health Care Nurse Practitioner
County of Renfrew
Bonnechere Manor (Renfrew) and Miramichi Lodge (Pembroke), Ontario

Jennifer Skelly, RN, PhD
Associate Professor, School of Nursing
McMaster University
Hamilton, Ontario

Sue O'Hara, RN, MScN
Nurse Practitioner/Clinical Nurse Specialist
St. Joseph's Health Care, Parkwood Hospital
London, Ontario

Anita Saltmarche RN, MHSc
President, Health Care Associates
Toronto, Ontario
Clinical Associate
University of Toronto Faculty of Nursing
Toronto, Ontario

Shirley Whitfield, RN, BScN, NCA
Nurse Consultant, Nurse Continence Advisor
Windsor Regional Hospital
Windsor, Ontario

Kathleen Romano, RN, NCA
Nurse Continence Advisor/Clinical Resource Nurse

Saint Elizabeth Health Care
Thunder Bay, Ontario

Jenny Ploeg, RN, PhD
Assistant Professor, Researcher
McMaster University
Hamilton, Ontario

Linda Gray, RN
Vera M. Davis Community Care Centre
Bolton, Ontario

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

The Registered Nurses Association of Ontario (RNAO) received funding from the Ministry of Health and Long-Term Care (MOHLTC). This guideline was developed by a panel of nurses and researchers convened by the RNAO and conducting its work independent of any bias or influence from the MOHLTC.

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#).

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines, 438 University Avenue, Suite 1600, Toronto, Ontario, M5G 2K8; Fax: (416) 599-1926; Order forms available on the [RNAO Web site](#).

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Quick reference guide. Prevention of constipation algorithm. Appendix A. In: Prevention of constipation in the older adult population. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Jan. 38 p.

Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#)

- Toolkit: implementation of clinical practice guidelines. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2002 Mar. 91 p.

Electronic copies: Available in Portable Document Format (PDF) from the [RNAO Web site](#)

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines, 438 University Avenue, Suite 1600, Toronto, Ontario, M5G 2K8; Fax: (416) 599-1926; Order forms available on the [RNAO Web site](#).

PATIENT RESOURCES

The following is available:

- Health information fact sheet. Constipation: prevention is the key. Toronto (ON): Registered Nurses Association of Ontario (RNAO); 2003 Jul. 2 p.

Electronic copies: Available in Portable Document Format (PDF) from the [Registered Nurses Association of Ontario \(RNAO\) Web site](#).

Print copies: Available from the Registered Nurses Association of Ontario (RNAO), Nursing Best Practice Guidelines, 438 University Avenue, Suite 1600, Toronto, Ontario, M5G 2K8; Fax: (416) 599-1926; Order forms available on the [RNAO Web site](#).

Please note: This patient information is intended to provide health professionals with information to share with their patients to help them better understand their health and their diagnosed disorders. By providing access to this patient information, it is not the intention of NGC to provide specific medical advice for particular patients. Rather we urge patients and their representatives to review this material and then to consult with a licensed health professional for evaluation of treatment options suitable for them as well as for diagnosis and answers to their personal medical questions. This patient information has been derived and prepared from a guideline for health care professionals included on NGC by the authors or publishers of that original guideline. The patient information is not reviewed by NGC to establish whether or not it accurately reflects the original guideline's content.

NGC STATUS

This NGC summary was completed by ECRI on December 17, 2003. The information was verified by the guideline developer on January 16, 2004.

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